Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA-OT

The American Section V. Line by-Line I matruccome for Completing 25A. Form \$1700-12 before completing this form The information requested face in required by less (cachon 570 of the Passage Companyation and

## Notification of Regulated Waste Activity

Date Received (For Official Use Only)

APR 0 9 1999

										Un	ited (	State	s Env	rironn	nenta	l Pro	tectic	n Ag	ency					) F			7 13	KUU	IVI
				711	No	mbe	(7/	rik .	C In	ho.	ppn	oprie	ite b	ox)		<b>&gt;</b>										1 2 1	Tox	ur in	JI
			aj k		116		X	7 B.	Sut	seq	uent ete /	Not	ifica	ilon				SOM SOM SAME	Aine	CONTRACTOR OF THE	EUROSPENIEN A	Transport Married Marr				-1	RE		
								mpai	700					ıma)			L	D	0	05	) (	$\mathcal{I}^{\mathcal{L}}$	1 1			6	2		
A	4	Mark Property	gr/umatus	m	U.OPSIIII 199	T	,	C		S	ALEXCE POST	R	1		4		e	0	-		,	N	<u>(-</u>		-			77	
	Oly Heliand	No. of the last	DESUZINAS		10883803	View	/ala	al ad		A VICTORIA	SCHOOL S	CONTACTOR	OX OI	100 Harris 1995	ELEVA CON	umb	CONTRACTOR.	>					Gr I						
4	SAFETY TRANSPORTER	4	Oldstein Berger	WHI VISITED BY	W	8	S	T		T	H	0	R	N	٥	A	4	E		A	V	E	N	и	Ε			×22.01750	
			anye	1/2																							T		
91		Toel									1.							Sta		27/6	Cod								
C		850,000	S. STATISTICS	A	G	O					/		-					Z	4			6	4	6	-				
	my C			iin)		me.																							
			C	0	0	K			-						W				4	8:			7			4			
Calledon Control	mini Alban Sesentia		Personal Charles	ACTOR S	9 //	ddre	ee (	Seo I	notr	uctic	ns)					2345	ains.							ka si s					
	Hite sales							•																			l I	3 / / T	
M00000	40% 1000 1000 1000 1000 1000 1000 1000 1	M														1-20		137		177	(C)(C)	P Value							
					2																				<b> </b>				
		allati	on C	21110	at (f	ors:	on to	be c	ont	cie	i reg	ardi	ng w	aste	acti	vitle	s at c	site)		>									
															(Fi	rst)													
L	E	0	electric de la constante de la		Conference and					0041020000000					C	H	R	1	S	7	0	P	H	E	R	and the second second			
	Th	Marie Sales					l		Ī			T-			Ph	one	Num	ber	THE PERSON NAMED IN	STATE OF THE PARTY	1	nd N	THE PROPERTY OF THE PARTY OF TH	China Comp			1		
m	SANOTO COSTUME	G		CANADA TO THE COLUMN	OCCUPATION AND	G	CONTRACTOR IN	(See)	in est	n en					7	7	3	-	5	3	9	_	5	6	0	0			
			A SECOND CONTRACTOR					P.O.											4			ą.	Na.						
	Archedological V				1											d water the								17.					
Sit																		SX	10/-	ZI	Cor	O.	ψă.				i il		
	SECTION 1	NO.	To a second			in the reaction			-		e e														-	2	TAI.	71	
								eston a lea				ON A COMP	DEKU		abarra		Diversion.		in mag	Seawa	uputain	ne kara	one e	neurica	104454		1240 Series	Sales es Sale	erine.
A	Yem A			Hatk	910550C0155	e Managara (1)	l (Oi) 	Epott/statieness		1	Б	T_	Ι,	1			T	The same of the same of	ie ii	I				T <sub>@</sub>		n v	(7) IC		
	14	T	T	orF		W		W	A	R	2	E	N		I	N	D	u	S	7	R	7)	E	\$	I				
5	0	0	es de sérvicios de la composición dela composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela com	E	A	1	7		0	-	-	A	w	A		S	7	R	E	٤	7			4PF	1	2 1	999		
ch	10.50 H01.50	Tow					1-		ب.	, (	1.7	17-1		1.0			1,	Sta	Deli Deli Miles	or fertilens	Coc	le						۱۱۷	
4	0	Gr	A	N	5	P	0	R	T									I	N	4	6	9	4	057	cid <del>as</del>	& To	oxics	Divisio	)n
		T	2022/07/07 12:50		7	T	T	umbe	r)			В	Lanc			C. Ow	mer T	ype		D. Ch	lange Indic	-			(donth		Chang Day	Year	
2	1	9	-	7	2	2	_	8	2	0	0		C				P		Yes	X		-	No	(	0	110	5 2	9	6

		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Man	k 'X' in the appropriate boxes. Ref	er to instructions).
A. Hazardous Wa	aste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 160 to 1000 kg/mo (220-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rali  3. Highway  4. Water	□ 3. Treater, Storer, Disposinstallation) Note: A perequired for this activities instructions.  4. Hazardous Waste Fuel □ a. Generator Marketing to □ b. Other Marketers □ c. Boller and/or industrial F □ 1. Smelter Deferral □ 2. Small Quantity Exeindicate Type of Comb	rmit is
5. Other - specify	3. Industrial Furnace	Indicate Type(s) of Activity(les)
	5. Underground Injection G	b. Re-refine
IX. Description of Regulated Wastes (Use a	idditional sheets if necessary)	
(0001) (0002) (0003) Chi	ion handles; See 40 CFR Parts 26  LToxicity (List specific EPA hazaracteristic contaminant(s))	1.20 - 261.24) ardous waste number(s) for the Toxicity characteristic
B. Listed Hazardous Wastes. (See 40 CFR 2 F 0 0 3 F 0 0 5 8	3 /	11   12   12   12   12   13   14   15   16   17   17   17   17   17   17   17
C. Other Wastes. (State or other wastes requ		nber; See instructions.)
a system designed to assure that qualified pers person or persons who manage the system, or t	ionnel properly gather and evaluate hose persons directly responsible f accurate, and complete. I am aware	d under my direction or supervision in accordance with the information submitted. Based on my inquiry of the for gathering the information, the information submitted at there are significant penalties for submitting false tions.
Site of ture	Name and Official Title (Typ	Date Signed 4599
XI. Comments		
	,	/
Note: Mail completed form to the appropriate E	PA Regional or State Office. <i>(See</i>	Section III of the booklet for addresses.)

CONTINUE ON REVERSE

COOK    INSTALLATION'S EPA LD. NUMBER   APPROVED   DATE REFERENCE	×	ALLA- NAILING ADDRESS  LOCATION IIL OF INSTAL- LATION	NAME: AUTOMAT STREET A 4045 WE CITY, STA	OF HAZARDOUS WASTE ACTIVITY  PO  PRESS HARD WHEN FILLING IN NAME & ADDRESS.  TC SPRING COILING CO.						instructions: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "installation" means a single site where hazardous waste is generated treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).					
INSTALLATION SEPA I.D. NUMBER    PROVED   ONTERSET VED   INSTALLATION SEPA I.D. NUMBER   APPROVED   ONTERSET VED   I. NAME OF INSTALLATION   A U T O M A T I C S P R I N G C O I L I N G C O.   I.	The state of the s													E as A de monte.	
INSTALLATION'S EPA LD. NUMBER    APPROVED   ONT RECEIVED   ONT REC	ET	cllill	ппт		COMA	MENTS		-	гт	11	Т	П	TT		
INSTALLATION'S EPA LD. NUMBER    NAME OF INSTALLATION   NAME OF INSTALLATION   NAME OF INSTALLATION MAILING ADDRESS   NAME OF INSTALLATION MAILING ADDRESS MAILING MAILING ADDRESS MAILING MAILING ADDRESS MAILING	0	C											Щ		
I. I. NAME OF INSTALLATION  A U T O M A T I C S P R I N G C O I L I N G C O.  S TREET OR P.O. DOX  S TREET OR P.O.			I'S EPA I.D. NUM	MBER AP	PROVED								3	ני	
I. I. NAME OF INSTALLATION  A U T O M A T I C S PR I N G C O I L I N G C O.  STREET OR P.O. DOX  STREET OR P.O. DOX  CITY OR TOWN  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  A D I L O O U I L O O O U I L O O O O O O O O O O O O O O O O O O		FILDO05	09175	6 1 1	AS	8304	29								
A U T O M A T I C S PRING COILING CO.  III. INSTALLATION MAILING ADDRESS  STREET OR P.O. BOX  3 4 0 4 5 W E S T T H O R N D A L E A V E N U E  CITY OR TOWN  4 C H I C A G O  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  5 C H O A S W THORN DALE A V E N U E  CITY OR TOWN  5 THE TORNOW BY THE CORE  CITY OR TOWN  5 THE TORNOW BY THE CORE  CITY OR TOWN  6 C H O A S W E S T T H O R N D A L E A V E N U E  STREET OR ROUTE NUMBER  COOK  7 III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  6 C H O A S W E S T T H O R N D A L E A V E N U E  STREET OR ROUTE NUMBER  COOK  7 III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  6 C H O A S W E S T T H O R N D A L E A V E N U E  10 III.  NAME AND TITLE (last, first, & job title)  PHONE NO. (1770 code & ro.)  A NAME OF INSTALLATION'S LEGAL OWNER  10 III.  V. OWNERSHIP  A NAME OF INSTALLATION'S LEGAL OWNER  11 I N R U T H M P U R C H A R I L E S P B E R G  12 I M CONTROL OF OWNERSHIP DOX VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(est))  F = FEDERAL  M = FEDERAL  M = NON-FEDERAL  M = NO			LIATION	13 14 15	15	17							THE PROPERTY.		
III. INSTALLATION MAILING ADDRESS  STREET OR P.O. BOX  \$\frac{2}{3} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				RING	Tololi	ILING				especial lines			A Laboratoria	and the state of the state of the	
STREET OR P.O. BOX  \$\frac{c}{3} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		30		1.1 1.1 ~[		5 11113	POR STATE OF THE	ALCOHOLOGICAL CONTROL OF THE PARTY OF THE PA	HISTORY CONTRACTOR	CONTRACTOR OF THE PARTY OF THE		6.7 2000 A 40			
COOK    C   H   C   G   G	, w	II. INSTALLATION	MAILING AI	- Contract Contract		Alexander de la companya de la comp	, a projektivje	ar distant	E skudsv <sub>ers</sub> aw		era, geless o	e alvanos	all I solar	terior de la company de la Co	
COOK  CITY OR TOWN  ST. ZIP CODE  C C C C C C C C C C C C C C C C C C C	2	54045 W	FSTT		TTTT	A W E	AL LI	el T							
## C H I C A G O    III. LOCATION OF INSTALLATION   STREET OR ROUTE NUMBER															
III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  COOK  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  IV. INSTALLATION CONTACT  NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  IV. INSTALLATION CONTACT  NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  OS.  IV. INSTALLATION NO. (area code & no.)  PHONE NO. (area code & no.)  IV. INSTALLATION (area code & no.)  IV. INSTALLATION (area code & no.)  IV. INSTALLATION NO. (area code & no.)  IV. INSTALLATION (area code & no.)  IV. INSTALLATION NO. (area code in code in															
III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  COOK  ST. ZIPCODE  CITY OR TOWN  ST. ZIPCODE  COOK  ST		4 CHICAG	0 1 1					L 6	0 6	4 6					
COOK  ST. ZIP CODE  CITY OR TOWN  ST. ZIP CODE  COOK  ST. ZIP COOK  ST. ZIP CODE  COOK  ST. ZIP COOK	.	DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	INSTALLATI	ON											
CITY OR TOWN  ST. ZIP CODE  C CONTACT  NAME AND TITLE (last, first, & Job little)  PHONE NO. (area code & no.)  PHONE NO. (area code & no.)  C D A L I N R U T H M P U R C H A S I N G M G R. 3 1 2 . 5 3 9 . 5 6 0 0  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = S = RAIL  S = C. HIGHWAY  A = D. WATER  S = OTHER (specify):  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's heat notification of hazardous weste activity or a subsequent notification.  If this is not your first notification, enter your installation's EPA I.D. Number in the sph provided below.  C. INSTALLATION'S EPA I.D. NO.			COOK												
CITY OR TOWN  ST. ZIP CODE  COMMISSION  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  A. NAME OF INSTALLATION'S LEGAL OWNER  W. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  (Inter the appropriate lecter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M =			0451 W	THOR	SWIDIA	LE A	VB					9	21		
IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  PHONE NO. (area code & no.)  R. D. A. I. I. N. R. U. T. H. M. P. U. R. C. H. A. S. I. N. G. N. G. R. 3 1 2 5 3 9 5 6 0 0  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  S. E. U. G. E. N. E. P. B. E. R. G. & C. H. A. R. L. E. S. P. B. E. R. G. G. C. H. A. R. L. E. S. P. B. E. R. G. G. C. H. A. R. L. E. S. P. B. E. R. G. G. G. H. A. R. L. E. S. P. B. E. R. G. G. G. T. P. B. T. T. P. C. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  S. E. U. G. E. N. E. P. B. E. R. G. & C. H. A. R. L. E. S. P. B. E. R. G. G. G. T.			CITY	ORTOWN				ST.	ZIP COD	E		C	16		
IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  PHONE NO. (area code & no.)  R. D. A. I. I. N. R. U. T. H. M. P. U. R. C. H. A. S. I. N. G. N. G. R. 3 1 2 5 3 9 5 6 0 0  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  S. E. U. G. E. N. E. P. B. E. R. G. & C. H. A. R. L. E. S. P. B. E. R. G. G. C. H. A. R. L. E. S. P. B. E. R. G. G. C. H. A. R. L. E. S. P. B. E. R. G. G. G. H. A. R. L. E. S. P. B. E. R. G. G. G. T. P. B. T. T. P. C. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  S. E. U. G. E. N. E. P. B. E. R. G. & C. H. A. R. L. E. S. P. B. E. R. G. G. G. T.		6CHICA6	0   0					16	064	16					
C D A L I N R U T H M. P U R C H A S I N G M G R. 3 1 2 5 3 9 5 6 0 0  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  B E U G E N E P B E R G & C H A R L E S P. B E R G  Genter the appropriate letter into box  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  J			N CONTACT				49 A	1 42   47		51					
2 D A L I N R UT H M. P U R C H A S I N G M G R. 3 1 2 5 3 9 5 6 0 0  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  B E U G E N E P. B E R G & C H A R L E S P. B E R G  (enter the appropriate letter into box)  VI. TYPE OF OWNERSHIP  A. A GENERATION  ST G. TREAT/STORE/DISPOSE  VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's lival notification, enter your Installation's EPA I.D. Number in the spin provided below.  X A. FIRST MODIFICATION  B. SUBSEQUENT NOTIFICATION (complete Item C)			NAME A	ND TITLE (last	, first, & job t	title)		JERSHALER (III)		PHON	E NO.	area co	de & no.	)	
V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  8 E U G E N E P. B E R G & C H A R L E S P. B E R G  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  Output  Output		2 D A L I N	RUTH	M. PUI	R C H A	S I N G	Ni (	GR.		3 1 2	-  5	3 9 -	56	0 0	
## Solution of historia fields of the appropriate box (est)    Solution   Sol	100	the state of the s				· · · · · · · · · · · · · · · · · · ·			s i a	S	1 49	- 31	112	55	
## Solution of historia fields of the appropriate box (est)    Solution   Sol	¥.		an vancturere services	A. NAME O	FINSTALLA	TION'S LEG	SALOW	NER		District da 2400h 2 lite	Regardens.	and same of	A CONTRACTOR SECURITION	A TOWNS TOWNS TANK	
(enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  So	700	8 EUGENE	P. BE	R G E	CHA	RLES	P.	BE	R G				1 to	1.5	
F = FEDERAL M = NON-FEDERAL So C. TREAT/STORE/DISPOSE VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  A. AIR So C. HIGHWAY A. D. WATER So C. OTHER (specify):  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's brat notification of hazardous weste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the span provided below.  C. INSTALLATION'S EPA I.D. No.  A. FIRST YDTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)	DE		NERSHIP letter into box)	VI. TYPE O	F HAZARD	OUS WAS	TE ACT	IVITY	(enter	'X' in	the ap	propr	iate box	(es))	
W = NON-FEDERAL    So												(com)	olete item	VII)	
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the span provided below.  A. FIRST POTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)	~		1 44	LA ^-	GENERATI	ON		ايا							
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the span provided below.  A. FIRST POTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)	~	F = FEDERAL	RAL M	57			SE	34	HIT TO	₩ 0 ERGRO	UND II	UECT	ION		
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.  If this is not your first notification, enter your installation's EPA I.D. Number in the spar provided below.  C. INSTALLATION'S EPA I.D. NO.  A. FIRST MOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)		F = FEDERAL M = NON-FEDER	56	97 C.	TREAT/STO	ORE/DISPOS		11//	D. UND	RGRO	UND II	JECT	ION		
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.  If this is not your first notification, enter your installation's EPA I.D. Number in the spar provided below.  C. INSTALLATION'S EPA I.D. NO.  A. FIRST MOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)	# C	F = FEDERAL M = NON-FEDER VII. MODE OF TRA	ANSPORTATIO	ON (transporte	ers only – er	nter "X" in	the ap	17/1 Go	D. UNDE	RGRO	UND	JECT	NOI		
C. INSTALLATION'S EPA I.D. NO.	8 C	F = FEDERAL M = NON-FEDER VII. MODE OF TRA	NSPORTATIO	DN (transporte	treat/stc	nter "X" in	the ap	17/1 Go	D. UNDE	RGRO	UND	JECT	ION		
A. FIRST POTIFICATION   B. SUBSEQUENT NOTIFICATION (complete item C)	8 00 8 00	F = FEDERAL M = NON-FEDER  VII. MODE OF TRA  A. AIR  VIII. FIRST OR SUIMark "X" in the appropriate to the support of the suppo	ANSPORTATION BSEQUENT No priate box to indi	ON (transporte	TREAT/STO	nter "X" in	the ap	oropria  E. OTH	te hox(e	ergro	UND			t notification.	
	# 10 as a second a	F = FEDERAL M = NON-FEDER  VII. MODE OF TRA  A. AIR  VIII. FIRST OR SUIMark "X" in the appropriate to the support of the suppo	ANSPORTATION BSEQUENT No priate box to indi	ON (transporte	TREAT/STO	nter "X" in	the ap	oropria  E. OTH	te hox(e	cify):	activity	or a s	ubsequen	48	
IX. DESCRIPTION OF HAZARDOUS WASTES		F = FEDERAL M = NON-FEDER  VII. MODE OF TRA  Late A. AIR  VIII. FIRST OR SU  Mark "X" in the appropriation of this is not your first in the second of the se	BSEQUENT No priate box to indinotification, ente	ON (transporte	rrs only — en way [  N  is is your instront's EPA I.D.	nter "X" in a particular of the second of th	the ap	IVA 60 propria	D. UNDE	cify):	activity	or a s	ubsequen	48	
Please go to the reverse of this form and provide the requested information.		F = FEDERAL M = NON-FEDER  VII. MODE OF TRA  Late A. AIR  VIII. FIRST OR SU  Mark "X" in the appropriation of this is not your first in the second of the se	BSEQUENT No priate box to indinotification, ente	ON (transporte	rrs only — en way [  N  is is your instront's EPA I.D.	nter "X" in a particular of the second of th	the ap	IVA 60 propria	D. UNDE	cify):	activity	or a s	ubsequen	48	

EPA Form 8700-12 (6-80)

'th ELITE type (12 characters/inch) in the unshaded areas only.

			•		I.D FOR OFFICIAL USE ONLY						
				·	s W						
IX. DES	CRIPTION OF HAZ	ARDOUS WASTES	(continued from fron								
A HAZA	SDOUS WASTES FRO	OM NON-SPECIFIC SO ces your installation har	URCE: Enter the four	-digit number from 4	10 CFR Part 261,31 for e	ach listed hazardous					
		2	3	4	5	6					
	27 26 7	23 26	23 28	73 - 26	23 <u>26</u>	23 - 26					
	23 26	23 26	23 - 26	23 - 26	23 - 26	23 - 26					
3. HAZA specifi	RDOUS WASTES FRO c industrial sources you	M SPECIFIC SOURCES r installation handles, L	i. Enter the four—digit ise additional sheets if n	number from 40 CFR ecessary.	Part 261,32 for each list	ed hazardous waste from					
	13	14	15	16	17	18					
	23 - 26	z3 - z6	23 - 26	23 - 26	23 - 26	23 - 26					
	19	20	21	22	23	24					
	23 26 25	23 - 26	23 - 26	23 - 26	23 - 26	23 26					
					21 - 25	23 - 26					
C. COMM stance	COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WAS SES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous wester. Use additional sheets if necessary.										
	31	32	3.	34	35	36					
	23 - 26	23 - 26	23 26	23 - 25	23 - 26	23 - 26					
	37	38	3 %	40	41	42					
	23 - 26	23 - 26	23 26	23 26	23 - 26	23 - 26 4B					
						23 - 26					
D. LISTE hospita	D INFECTIOUS WAST	ES. Enter the four—dig h laboratories your insta	it number from 40 CFF	Part 261.34 for each ditional sheets if nece	listed hazardous waste fr ssary.						
	49	50	51	52	53	54					
E. CHAR hazard	ACTERISTICS OF NO ous wastes your installa	N-LISTED HAZARDO stion handles. (See 40 C	US WASTES. Mark "X FR Parts 261.21 - 261.	" in the boxes corresp 24.1	conding to the characteris	tics of non-listed					
	XII. IGNITABLE	□2. (p002)	CORROSIVE	3. REACT		]4. TOXIC 000)					
X. CER1	TIFICATION										
attache I believ	l certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all strached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of jive and imprisonment.										

NAME & OFFICIAL TITLE (type or print)

BUTH M. DALIN

FURCHASING MANAGER

DATE SIGNED

4-27-83

Return M. Walen

SIGNATURE



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER		*ILD005091755				
		AUTOMATIC SPRING 4045 W THORNDALE CHICAGO		CO	60646	
INSTALLATION ADDRESS		4045 W THORNDALE CHICAGO	AVE	IL	60646	
EPA Form 8700-12B (4-80)	000000000	05/11/83		kiejikoondism konmiskir		

M 5-13-83